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Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled <u>Medical Dispute</u> <u>Resolution-General</u>, and 133.307, titled <u>Medical Dispute Resolution of a Medical Fee Dispute</u>, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-25-03.

I. DISPUTE

- 1. Whether there should be reimbursement for CPT code 90844 rendered on 6-27-02 at \$122.00.
- 2. The requestor billed \$122.00 for CPT code 90844.
- 3. The respondent denied reimbursement based upon "V unnecessary treatment with peer review."
- 4. The total amount in dispute is \$122.00.

II. FINDINGS and RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-27-02	90844	\$122.00	\$0.00	V	\$122.00	Rule134.600 (h)(4) Rule 133.301(a)	Rule 134.600(h)(4) states, "The non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or exempt rehabilitation program." On 6-17-02, gave preauthorization approval for individual therapy, once a week for four weeks. The insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon not medically necessary. 90844 is defined as Individual medical psychotherapy approximately 45 to 50 minutes. Individual counseling note supports billed service. Reimbursement of \$122.00 is recommended.

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III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (90844) in the amount of \$122.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$122.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05th day of January 2004

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division